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Atty. Dkt. No. 039386-2008

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Yue et al.

Title: HUMAN TRANSMEMBRANE PROTEINS

Appl. No.: 09/937,059

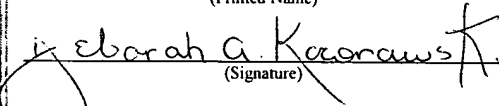
International Filing Date: 03/22/2000

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Examiner: Wegert, Sandra L.

Art Unit: 1647

Confirmation No.: 4670

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 962267357 US (Express Mail Label Number)	February 14, 2007 (Date of Deposit)
Deborah A. Kocorowski (Printed Name)	
 (Signature)	

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 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
 OF PATENT APPEALS AND INTERFERENCES**

The Applicants hereby appeal to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated August 18, 2006, finally rejecting Claims 24-34.

- ☒ [X] The Applicants hereby petition for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:
- ☒ [X] Notice of Appeal Fee
- ☒ [X] To be paid as detailed below

02/20/2007 CMEGA1 00000012 09937059

01 FC:1401
02 FC:1253500.00 OP
1020.00 OP

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$500.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$1,020.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$1,520.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	TOTAL FEE:	\$1,520.00

A credit card payment form in the amount of **\$1,520.00** is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Respectfully submitted,

Date 02-14-07

By Stephanie H. Vavra

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